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SUBJECT: Botswana Offers Bright Prospects for GHI Success

REF: STATE 125761

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¶1. This is an action request. Please see paragraph 6.

¶2. Summary and Action Request. The U.S.-Botswana PEPFAR partnership has yielded tremendous results over the past five years; 80 percent of citizens who need treatment receive it and 94 percent of infected mothers receive drugs to prevent their babies from contracting HIV. The Global Health Initiative (GHI) offers promising possibilities for successful expansion of our ongoing health partnership in Botswana. The GOB's track record of leadership in responding to AIDS demonstrates that an USG investment in Botswana on broader health matters would pay real and long-term dividends. Mission Botswana has formed an interagency team to further explore broader health access needs here. We believe our perspective would help inform the successful development of the GHI, and we request to be included as field participants in the GHI working groups. End Summary and Action Request.  
Prospects Bright for GHI Success

¶3. Botswana has used our PEPFAR assistance wisely and its leadership on HIV/AIDS demonstrates the country's capacity to make good use of donor funds. The Global Health Initiative (GHI) program could bolster our existing efforts under PEPFAR and improve and expand access to health services in Botswana. Botswana's status as a middle income country is highly misleading; the UNDP reports that about half of Botswana's citizens still live on less than two dollars per day. Mission Botswana's Interagency Health Team recommends that GHI assistance could be used in the following areas:

--Gender Equity and Maternal and Child Health: Women in Botswana generally have less access to important health services, and family planning services are desperately needed within both ARV clinics and the broader primary care system. Despite successes in the PMTCT arena, Botswana must confront other maternal and child health challenges including unacceptably high rates of pregnancy-related maternal deaths, infant and childhood deaths due to diarrheal diseases, as well as significant morbidity and mortality due to vaccine-preventable diseases, a situation further complicated by the high underlying HIV rate. Gender-based violence also remains a serious issue. Through the GHI, the U.S. could build on the strong health service delivery foundation that PEPFAR has supported for HIV care to broadly strengthen health and nutrition services for women, infants, and children, potentially building an infrastructure to provide comprehensive primary care and preventive interventions for all women and children. Although we are already working to address these areas where they are linked with HIV/AIDS support and treatment, a more comprehensive approach to maternal and child

health issues, family planning, and other gender-related health promotion and health care access issues, is a critical need.

--Integration and Coordination: The health sector in Botswana is fragmented between Ministry of Health hospitals and primary care facilities run by the Ministry of Local Government. This division results in gaps in continuity of care, disconnected strategic planning, and duplication of information systems which affect all aspects of health, not just HIV. Despite limited initiatives to improve coordination, the GOB sorely needs additional assistance in this area. Strengthening coordination among all Botswana's health services would improve continuity of care and access through better patient record management, and more integrated and cost-effective service delivery models.

--Multilateral Institutions: Botswana has about 2 million citizens but it also hosts hundreds of thousands of economic migrants, refugees, and other foreigners who often lack access to anti-retroviral therapy and other health care. To reach highly mobile populations across the Southern African region, we recommend that the GHI work with the Southern African Development Community member states to address shared public health issues, such as providing access to health services to non-citizens and other mobile populations. With limited resources and high demand on health services within SADC countries, this approach has not received the attention it needs.

--Country-Led Plans: Botswana has shown great leadership in developing plans for HIV and AIDS, but has not had the resources or technical assistance to give the same attention to broader national health care issues affecting women, infants and children. Given the history of strong country ownership of Botswana's HIV/AIDS program, we believe that under GHI the USG should spend additional resources

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toward supporting country-led initiatives for broader health services planning, which the GOB would effectively utilize to improve the overall health system.

--Sustainability: An ongoing challenge in Botswana is the limited capacity of local organizations to provide community-level health services. To date, efforts have been made to build capacity in organizations to provide mostly OVC and HIV prevention services at the community level, but gaps exist in addressing numerous other community health needs. Assistance in this area could strengthen the sustainability of the overall health services by increasing access at the community level to a broader range of services.

--Metrics, Monitoring and Evaluation: Botswana lacks a comprehensive electronic medical records system for all aspects of primary care, not simply HIV/AIDS. Various information systems related to HIV/AIDS were developed to track patients through ARV treatment. However, for example, as TB co-infections have quickly emerged as a critical health need, we have found that the separate monitoring systems are not linked nor are they linked for PMTCT or general primary care. While clinical guidelines clearly outline procedures for managing TB/HIV patients in an integrated fashion, the data systems have not kept up. Botswana's monitoring systems could be strengthened through an integrated health information system.

--Research, Development and Innovation: The U.S. Government has been working closely with the Ministry of Health in Botswana for more than 15 years through the Botswana-USA Partnership (BOTUSA), conducting clinical and operations research trials. With the strong epidemiologic, clinical, and laboratory capacity and long standing collaborations with the GOB, we can successfully build on this existing capacity to expand into priority areas for GHI.

#### Background

14. Botswana was one of the original 15 PEPFAR countries, and since the program's launch in 2004, the U.S. has supported the GOB's existing national HIV/AIDS program. Botswana is almost in a class of its own as a PEPFAR partner nation demonstrating true national

leadership on HIV/AIDS. The GOB spends more of its own resources on AIDS than it receives from any donor. An illustration of this commitment can be seen in maternal HIV care where, over the past decade, the transmission rate among infants of HIV-infected mothers has declined from over 40 percent to less than 4 percent, a particularly impressive achievement given that one out of three mothers who present for delivery in Botswana is infected with HIV.

¶5. Throughout the first phase of PEPFAR, we focused on strengthening Botswana's HIV/AIDS program, and we were able to assist the GOB to reach over 80 percent of citizens with lifesaving drugs, and achieve a 94 percent success rate with the prevention of mother to child transmission (PMTCT) program. Our commitment continues in the second phase of PEPFAR, though with an increased focus on sustainability and health system strengthening. Unfortunately, with current PEPFAR resources we must focus solely on one aspect of the health system and are limited to interventions only with HIV infected individuals, so despite our potential reach we currently have limited ability to address other emerging gaps in Botswana's overall health system.

Action Request: Include Botswana in GHI Planning  
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¶6. Action Request: Mission Botswana has formed an interagency team, comprised of CDC, USAID, Peace Corps and the State Department, to actively engage the Government of Botswana, civil society, and other stakeholders to better understand Botswana's overall health system needs and coordinate with Washington GHI staff. Botswana is a leader in effective utilization of PEPFAR resources and has a long-standing relationship with the U.S. in the area of global health, pre-dating the PEPFAR program. We believe Mission Botswana's perspective would help inform the development of the GHI program, and therefore we request to be considered as field participants on the GHI working groups.

HAMILTON